V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
EATH	(F.2)		

10	1:	F.	10	4
U	U	U	U	1

1. PLACE OF DEATH			(3.2)
County breamic	0		Registration Dist. No. 332
Village or City MMg () Length of residence in city or town where	£		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 12 ds. How long In U.S. if of foreign birth?
2. FULL NAME avery	Perres &	Big & for	J.
(a) Residence: No. Parsylus	(Usual place	nd , y	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARI OR DIVORCED	RIED WIDOWED,	21. DATE OF DEATH (Month) (Day) (Year)
5a. If ma/ried, widowed, or divorced HUSBAND of (or) WIFE of			22. ICHEREBY CERTIFY, That Mattended deceased from
6. DATE OF BIRTH (month, day, and year)	en/6/	9.32	I last saw melvalive of ten death , 19 ; death is sold
7. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1 1 9	110	ormin.	were as follows:
8. Trade, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc	11. Total ti	me (years) it in this pation	Congenital debility resulting
12. BIRTHPLACE (city or town) Parsat. (State or country)	nobur		Other Contributory Causes of Importance:
13. NAME Carnest / E	3-sel 2-1.	nd	Succession 1 Street 1
14. BIRTHPLACE (city or town) Sur (State or country)	no the	l	Name of operation Date of What test confirmed diagnosis? Ossuscal Was there an autopsy?
15. MAIDEN NAME Elehate	the Dey	Fini	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / 50 (State or country)	glin !		Accident, suicide, or homicide?
17. INFORMANI Earnist / (Address) Parsi	Bradfor	<i>J.</i>	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Observable, Cernit	terpete am	uar ,1933	Manner of injury
19. UNDERTAKER Hullani (Address) Puttorille	Howard and	hals.	24. Was disease or Injury in any way related to occupation of deceased? 22
20. FILED une. 29, 1933 Lill	lian F.	Davis Registrar.	(Signed) Trank Lewis M. D. (Address) Willarks Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	R FURTHER S	STATEMENTS I	BY PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06502
1. PLACE OF DEATH	(J3)
County	Registration Dist. No. 330
Village or City Mardela	No Ct Ward
Length of residence in city or town where deeth occurred 35 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Serena E. Bradley (a) Residence: No. Marsha Opp Mr. A.A.# (Undel price of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word) Married	21. DATE OF DEATH June 23 (Month) (Day) (Year)
6a. II married, widowed, or divorced HUSBAND of (or) WIFE of L.B.Bradley	1 HEREBY CERTIFY. That I ettended deceased from 10 1933, to 2 3 1953
6. DATE OF BIRTH (month, day, and year) May 13 1870	I last saw h an alive on June 23 1933; death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at
63 I IO 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Iollows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation	Chronic Interstitus Replistió un com
12. BIRTHPLACE (city or town) Mary land (State or country)	Deter Contributory Causes of importance: Oerebral demorring 1920
13. NAME Richard B. Taylor	Alun plegia 1920
14. BIRTHPLACE (city or town) Md (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Amanda E. Knowles	23. If death was due to external causes (VIDLENCE) fill in also the Iollowing:
16. BIRTHPLACE (city or town) Md. (State or country)	Accident, suicide, or homicide?
17.INFORMANT L. Bat Bradley (Address) Mardela Springs. Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Plece Mardala Date June 25 , 19.33	Manner of injury
19. UNDERTAKER W. D. Gravenor & Brother (Address) Sharptown, Add. 20. FILED January, 183 M. Gravenor, Register.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
t i a graph	-		

should state

PHYSICIANS

AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

properly classified. Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06503
1. PLACE OF DEATH	9:00
County WI Consider	Registration Dist. No. 332)
Village or City Pittsville Md. R.D.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
22	How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Charles (1. Ela	10
	. w. 1
(a) Residence: No. 7 owelfwell (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	L. DATE OF DEATH
mall will married	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended decaased from
(or) WIFE of Vernil S. Colark	may 10, 33 to date. I deater
CALL & INTE	t lest saw b-ana_aliva on Ame_1 7 19_33: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
92 18 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
Ormin,	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Granus	- Classes Wall and Stranger Last M.
SAWVER ROOKKEEPER atc	clarice or gurgualism.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date datassed last worked of this occupation (month and 1922 11. Total time (years) 30	
10. Date dacased last worked 1 9.3.3 11. Total time (years) 30 this occupation (month and spent in this years)	
this occupation (month and 1933 spant in this year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Manual (State or country)	Enlerd Colilis.
1 20 6	
13. NAME Janus Clark 14. BIRTHERACE (city or town)	
	Neme of operation Date of
(Stele or country) Maryland	Whet test confirmed diegnosis? Church Wes there an autopsy
15. MAIDEN NAME Clizafoth Dennis	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Acciden suicide, or homicide? Date of Injury, 19
(State or country) Manyland	Whera did injury occur?
17. INFORMANT Dennie Black	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Attoville mil.	
18. BURIAL CHEMATIN, DR REMOVAL Quellille ma	Manner of injury
Place St. Johnson Data Just. 18, 1933	Nature of injury
on Parka West	24. Was disease or injury In any wey ralated to occupation of deceased?
19. UNDERTAKER (Addrass)	
Pigg. Of	(Signat) A Mb Lenno
20. FILES und 18, 1938. Lillians T. Dav	(Signed) Thanks Lynn M. D.
Jocal Registrar.	(Addrass) - / MASARO - / Mas. L

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

for like .

MARGIN RESERVED FOR BINDING

V. S. No. 1

County County Registration Dist. No. 3.33 Village or City. Learn of residence in city or town where death occurred . D. yrs			F MARY	YLAND-	CERTIFICATE	OF	DEATH	06	504
Village or City. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) It someraidmal give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR MONOCCO Growing S. SINGLE, MARRIED, WIOOWED, OR WINGLED Growing the worly SI. It may read, widowed, or divorced (a) Wife of 6. DATE OF BIRTH (month, day, and year) 4. Tack Years Months Ory 1 ILLESS than 1 Insurance on the date dated above, at. 2 Industry or business in which were as follows: Years 1 Insurance on the date dated above, at. 2 Insurance on the date dated above, at. 3 Insurance on the date dated above, at. 4 Insurance on the date dated above, at. 4 Insurance on the date dated above, at. 5 Insurance on the date dated above, at. 1 Insurance on the date dated above, at. 2 Insurance on the date dated above, at. 2 Insurance on the date dated above, at. 3 Insurance on the date dated above, at. 4 Insurance on the da	(,)				183				222
Length of residence in city or town where death occurred D. yrs	County	ceomi	00			Reg	sistration Dist.	No	333
2. FULL NAME (a) Residence: No. Clear Manual (Usualplace of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Gravite the word) 55. If married, widowed, or divorced HUSARD (Or DIVORCED Gravite the word) 56. If married, widowed, or divorced HUSARD (Or) William (Gravite the word) 7. AGE Vears Months Oays If LESS than I day,					f death occurred in a hospital or ins			d of street and	
(2) Residence: No. Clear McCountry St., Ward. Control of the variety of town and State	Length of residence in ci	y or town where d	eath occurred	2_yrs,mos	s ds. How long in U.S.	if of foreign	blrth?	yrs	mosds
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (errist the word) 7. AIT OF BIRTH (month, day, and year) 8. Trade, profession, or particular 7. AGE Years Months Oays 11 LESS than 1 day,	2. FULL NAME	Lillian	n Trus	sell C	onles				
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED Consist the word) S. If married, widowed, or divorced (or) WIFE of 6. DATE OF BIRTH (month, day, and year) T. AGE Vears Months Oaya If LESS than I day, hrs. or min. 8. Trade, profession, or particular sind of work done as SINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in Minch work was one, as SILN will. Work was one, as SILN will. Object of this occupation (month and year) Sometin this occupation (month and year) What test confirmed diagnosis? Was there an au opsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Manner of injury Nature of injury	(a) Residence: No	Cless To	(Usual place of	oute # ;	St., Ward.	lf :	nonresident give ci	y of town ar	nd State
OR DIVORCED (wirite the word) 59. If married widewed, or divorced HUSAND of	PERSONAL AN	D STATISTI	CAL PARTIC	CULARS	MEDICAL	CERTIE	FICATE OF	DEATH	
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than I day, hrs. or min. 8. Trade, profession, or particular for min. 8. Trade, profession, or particular for min. 1 Isyl saw h 10 19 death is as the follows: Were as follows: Namy TR, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAW MILL, BAKK, etc. 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, GREMATION, OR REMOVAL Place 19. Industry Causes of importance: 19. Saw h 19. 10 death is as the following: Accident, suicide, or hourding? What test confirmed diagnosis? Was there an au opsy? Where did injury occur? Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. 19. UNOERTAKER 19. Jay	Male 71	hite	OR DIVORCED	(write the word)	21. DATE OF DEATH	jus	ee h) (g Day)	., 193 3 (Year)
7. AGE Years Months Oays If LESS than I day	HUSBAND of	rced	C.		22. I HEREE	YCE	RTIFY, TI	nat I attende	d deceased from
7. AGE	6 DATE OF RIPTH (month day	and year)	Acres had	5 1911	I last saw h alive on	,		19	· doath is esi
8. Trade, profession, or particular kind of work done as SPINNER. SAWER, BOKKEPER etc. 9. Industry or business in which was deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNOERTAKER 19. Industry or business in which was done as SINK MILL, SAW MILL, BANK, etc. 10. Late deceased last worked at this occupation of deceased? 11. Total time (years) appart in this occupation. Other Coatributory Causes of importance: Other Coatributory Causes of importance: Other Coatributory Causes of importance: Name of operation. Oale of. What test confirmed diagnosis? Was there an au opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. 19. Where did injury occurr? (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNOERTAKER ACCIDENT AND ACCO. (Address) 19. UNOERTAKER ACCIDENT AND ACCO. (Address) ACCIDENT AND ACCO. (Signed) M. M.		7 20-2	Oays	If LESS than	to have occurred on the date st	ated above.	at 80	n.	,
8. Trade, profession, or particular mind of work domes as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which was done, as SILK MILL, SWW WILL, BAHK, etc. 10. Date deceased last worked at this occupation (month and year) spent in this occupation (month and year) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. JUNDERTAKER 19.	12	4	4		The PRINCIPAL CAUSE OF DE	ATH and re	elated causes of In	nportance	
12. BIRTHPLACE (city or town) Citate or country) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BIRTHPLACE (city or town) 18. BURIAL, CREMATION, OR REMOVAL 19. BURIAL, CREMATION, OR REMOVA	kind of work done. SAWYER, BOOKKEE 9. Industry or business in work was done, as S SAW MILL, BANK, e 100, Date deceased last work	as SPINNER, PER, etc which ILK MILL, tc	Ot A	Sear C	Acadei	tuf	Ann	my	
14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. BIRTHPLACE (city or town) (Specify city or town, country and State) (Address) 10. What test confirmed diagnosis? Was there an au opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occurr? Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Accident, suicide, or homicide? (Accident, s	12. BIRTHPLACE (city or town).	- All	00:00	t in this pation.	Other Coutributory Causes of in	nportance:			
14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. BIRTHPLACE (city or town) (Specify city or town, country and State) (Address) 10. What test confirmed diagnosis? Was there an au opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occurr? Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Accident, suicide, or homicide? (Accident, s	II 13. NAME	in to	men						
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or coun'ry) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNOERTAKER (Address) 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury 19. UNOERTAKER (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Signed) 10. (Signed) 10. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Signed) 19. Where did injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Signed) 19. UNOERTAKER (Signed)	4 14. BIRTHPLACE (city or to	wn)	1-30.0	7. 7. M	1				
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17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place School State from 11, 1933 19. UNDERTAKER As School State from 12, 1933 19. UNDERTAKER As School State from 12, 1933 20. FILED 11, 1933 21. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER As School State from 12, 1933 24. Was disease or injury in any way related to occupation of deceased? 16 so, specify (Signed) M.	16. BIRTHPLACE (city or to (State or country)	wn)	naryis	Lake	Accident, suicide, or homicide?		Date of	injury	, 19
Place Aclored Material June 11, 1933 19. UNOERTAKER The Hill & Johnson Co., (Address) Salisby Material M. (Signed) 20. FILED June 11, 1933 Washington injury Nature of injury 19. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M.	(Address)	w man	Le Cos	nos.	Specify whether injury occurred	(Special in INOUS	cify city or town, TRY, in HOME, or	In PUBLIC P	ate) LACE.
20. FILED LINE 11, 1933 & May June (Signed) (Signed) M.	100	. Alexan	4 Bate Gun	ull, 1933					
20. FILED CANAL 11, 19.3.2 a. Marine		Till of	John 9	son Co		way relate	d to occupation o	deceased?	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S/No. 1.	20. FILED June //, 1	9.33 &	1	Registrar.	(Address)		Luz Y	w /	7/м. г

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGAU VESSI				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH County Milege or City Dales And State of the County o	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	16505
Village or City. Dalishury Length of residence in city or town where death occurred. (If death occurred in a hoppited or institution, even in NAME instead of street and a number) of the street of street and number). 2. FULL NAME PERSONAL AND STATISTICAL PARTICULARS J. SIX J. COLOR OR RACE J. SINGLE, MARIED, WIDOWCD. J. NOWCOCCO Curric the web). J. DATE OF BIRTH (month, day, and year) Length of residence; NO. J.	1. PLACE OF DEATH		(131)	000
Langth of residence in city or town where death occurred. 44 ffrs	County Micomico	co.	Registration Dist. No.	333
2. FULL NAME PLANY & Country & Commelly (a) Residence: No. 3 1 1	Village or City Salish	urif	No. 305-8 Isabella St., death occurred in a horpital or institution, give its NAME instead of street	
(a) Residence: No. 911 Complete of shode? PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, DAY, OF STATISTICAL PARTICULARS J. SIMMITTED, Widowed, or divorced (or) WHE of John H. Lonnelly 6. DATE OF BIRTH (month, day, and year) August 28 - 1804 T. AGE Years Months Days If LESS than 1 day,hrs. of commission or particular from the commission of particular fro	Length of residence In city or town where death	occurred 44 yrs mos	ds. How long in U.S. if of foreign birth?yrs	mosds
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS S. SIX 4. COLOR OR RACE 5. SIX MATTER MINISTER WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITE OF WIDOWED, WIDOWED, WIDOWED, WITE OF BIRTH (Month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or carticular wide, work was done, at SIK MILL, SAW MILL, BANK, etc. 9. Industry to business in which work was done, at SIK MILL, SAW MILL, BANK, etc. 11. Date deceased last worked of this compatition 12. BIRTHPLACE (city or town) 13. NAME: 14. BIRTHPLACE (city or town) 15. SIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT AND SALAR S	2. FULL NAME Mary	6. Come	llef	
3. SEX 4. COLOR OR RACE STRUCK SUPPORCED (wanted the work) 5. If married, widowed, or divorced HUSBAND Age of HUSBAND A		Sabella (Usual place of abode)	//ou	and State
The profession of desired and seed of the sale of the		L PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
S. DATE OF BIRTH (month, day, and yeer) S. DATE OF BIRTH (month, day, and yeer) S. DATE OF BIRTH (month, day, and yeer) Months Days If LESS than I day, his. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SAWWER, BOOKKEPER, e	Female White &	R D.VORCED (write the word)	June 3	, 193 3 (Year)
7. AGE Years Months Days II LESS than 1 dey, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. Date of ones. Date of ones. Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ones. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of	HUSBAND of	L. Connelly		ided deceesed from
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8. Trade, profession, or particular Report Spinners and Teader Causes of Importance were as follows: 9. Industry or business in which Saw Mill., BANK, etc. 10. Date deceased last worked et the dec	7. AGE Years Months			
S. Trade, profession, or particular kind of work done, as SPINNER, Now Manual for the state of this occupation (month and year) 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWMILL, BARK, etc. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (State or country) 19. What test confirmed diagnosis? Was there an au'opsy? 20. State or country) What test confirmed diagnosis? Was there an au'opsy? 21. If death was due to external causes (VIOLENCE) fill in also the following: (State or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, GREMATION OR REMOVAL Place Advance 19. UNDERTAKER A Hill Yorknow And (Signed) (Signed) Manner of injury Neture of injury in any way related to occupation of deceased? (Signed) (Signed) Manner of injury Neture of injury Netu		//	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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19. UNDERTAKER The Hill 49 shyrson co, (Address) 24. Was disease or injury in any way related to occupation of deceased? 20. FILED June 5, 19.33 V. May June (Signed) Scales To Joseph M.	18. BURIAL, CREMATION, OR REMOVAL	10 Julie 5 , 19 33		
20. FILED JULIUS, 19. L.		neon co.	24. Was disease or injury in any way related to occupation of deceased	?
	20. FILED June 5, 19 33 F.			en M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND	auma DEATH
W. O	722
County 17127112	Registration Dist. No. 999
Village or City Jakobary	No. / S. Hregue St., 13 War
Length of residence in city or town where death occurredmo	If death occurred in a hospital or institution, give its NAME instead of street and number) as
2. FULL NAME Baty H Charles &	Paris
12.4////	
(a) Residence: No. 2021 (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DWORCED (write the word)	Jun 23 , 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased fro
0 11	- 193 Sto 1 2 319 3
6. DATE OF BIRTH (month, day, and year) 23. 1933	I last saw handle alive on 3, 19 3 3, deeth is se
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
O O også min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as pollows:
8. Trade, p:ofession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	CIA STATE
S. Trade, profession, or particular work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this preparation (months and	- Carrestoc Poble
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Saluty Mel	Other Coutributory Causes of importance:
(State or country)	
13. NAME Charles Davis	
14. BIRTHPLACE (city or town) Salishy (State or country)	Name of operation.
(State or country) / Mid.	Name of operation
15. MAIDEN NAME Slady fuller	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Slady fuller 16. BIRTHPLACE (city or town) Subtyviller (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or couply)	Where did injury occur?
17 INFORMANT Charles Daris ? , , a.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 562 S. Wer. st. Salesty Mil	openi, michel mini vecanied in industri, in nume, of in rubile PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place wors un Date www 13, 1983	Nature of injury
19. UNDERTAKER Holl most to	24. Wes disease or injury in any way-related to of cupation of deceased?
(Address)	If so, specify
June 25 32 Vr. Mison lessen	(Signed)
20. FILED MILE 19 ST.	(Address) Therebus Mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Exact statement of OCCUPA.

AGE should be stated EXACTLY

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

B.—WRITE PLAINLY,

ż

V. S. No. 1

MARGIN RESERVED FOR BINDING IN UNFADING INK-THIS IS A PERMANEN

ECORD. Every item of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	,			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.—WRITE

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V. S. No. 1

OCCUPA-

of

STATE OF MARYLAND-CERTIFICATE OF DEATH

06507

I. PLACE OF DEATH	23		
County Wicomico	Registration Dist. No. 333		
Village or City Allen, Eden P.O.Rt # 2	No. St. 7 Ward		
1 (II	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?		
2. FULL NAME Bessie V Dennis			
(a) Residence: No. Allen, Eden P.O. Rt # 2. (Usual place of abode)	St., 7 Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX H'emale Negro 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 23 1933 , 193 (Year)		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Harvald Denne	22. I HEREBY CERTIFY. That t attended deceased from May 3I 1932, to June 23 33, 19		
6. DATE OF BIRTH (month, day, and year)	I lest saw her alive on June 23 33 , 19 ; deeth is said		
7. AGE A Years Months Oeys If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 7		
8. Trade, profession, or particular	were es follows:		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tuberculosis of the lungs 1932		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Oate deceased lest worked at this occupation (month and	TWOST DIALOSTO. OF OHE THINGS		
10. Date deceased lest worked at this occupation (month and year) occupation occupation			
12. BIRTHPLACE (city or town) Palk lack (State or country)	Other Contributory Causes of Importanco:		
E 13. NAME John Curtis			
14. BIRTHPLACE (city or town) Tork Greek, Md. (State or country)	Name of operation Oete of What test confirmed diagnosis? Xray Was there an autopsy?		
15. MAIDEN NAME Mayme Curtis	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town). Dames quarter md (State or country)	Accident, suicide, or homicide?		
17. INFORMANT Harald Dennis (Address) Ollow md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Propose June 25, 1933	Manner of injury		
19. UNDERTAKER James 7. Stewart (Address) 402. E. Church St Scalating	24. Was disease or Injury in any way related to occupetion of deceased? NO		
20. FILEO June 23, 33 & May Tray Traine	(Signed) (Signed) M.O. (Address) Saliabury Md.		
// ************************************	Commence of the commence of th		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1165.08
1. PLACE OF DEATH	48
County / Sucomuco	Registration Dist. No. 33/
Village or City Otelvon MA	NoSt.,Ward
Length of residence In city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Cla Clana O	Curs
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That attended deceased from May 1932, to June 14. 1933
6. DATE OF BIRTH (month, day, and year) Oct 26-1886	I last saw he alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 128 m.
7 1 1 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	My oracd & bla wants
this occupation (month and spant in this occupation	Other Contributory Causes of importance:
13. NAME Monas A Denn	
(State or country)	Name of operation Date of Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR BEMOVAL Susses of James 19. 19.3	Manner of Injury
19. UNDERTAKER ALL SMOWES (Address) Standar Stall	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) William Currel M. D.
20. FILED June 13, 1933 1 mo m Wallay Registrar.	(Signed) W Court Charles M. D. (Address) Helmon - m.

If more blanks are needed, address State Kegistrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Appropriate Control of	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of o of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemarrhage	July 5,1927	Peritonitis	3 days aga	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
2500				

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



STATE OF MARYLAND—CERTIFICATE OF DEATH 06509

1. PLACE OF DEATH					®		
	County Zusc	conce	9~		Registr	ration Dist. No. 337.	
	Village or City	Well	Coquin		No	St.,Ward	
	Length of residence in o	city or town where d	eath occurred		death occurred in a hospital or institution, give its		
,	. FULL NAME	P:1:	E.D	111			
	(a) Residence: No.	711	Toma	1	St. Ward.		
	(a) Residence. No.		Sual place	of abode)		esident give city or town and State	
	PERSONAL AN	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFIC	ATE OF DEATH	
3. 3	SEX 4. COLO	OR OR RACE		RIED, WIDDWED, O (write the word)	21. DATE OF DEATH	.8	
4	temale -	While			(Month)	(Day) (Year)	
5a.	If married, widowed, or div HUSBAND of	orced			22. I HEREBY CER	T i F Y. That I attended deceased from	
	(or) WIFE of				MP D1 - 112 , 19 +	fg , 19	
6. 1	DATE OF BIRTH (month, da	ay, and year)	100-11	1928	I last saw h alive on	19; death Is said	
7. /	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at_	- Track som.	
	5	5	27	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and relate were as follows:	ed causes of Importance	
N	8. Trade, profession, or p	articular . as SPINNER.			A. T.	Date of other	
ATIC	kind of work dona SAWYER, BOOKKE			×	xicanlux +1	ver	
UP/	work was done, as SAW MILL, BANK,	SILK MILL,			0		
OCCUPATION	10. Data deceased last wo	orked at	11. Total ti	me (years)	Durgnoss M	all flow	
	year)		OC3U	pation	Other Coutributory Causes of importance:	1 Awday	
12.	BIRTHPLACE (city or town	202	ippun	4	Other Courses of Importance	im,	
-	(State or country)	1	eff 9				
FATHER	13. NAME 4 0	nn of	unn				
FAT	14. BIRTHPLACE (city or t	own)	walv	/	Name of operation	Data of	
	(State or country)	11-11	0	14.	What test confirmed diagnosis?	Was there an autopsy?	
HE	15. MAIDEN NAME	o delle	rines	ann	23. If death was due to external causes (VIDLE)		
MOTHER	16. BIRTHPLACE (city or t (State or country)	own)	value	en 4	Accidant, suicide, or homicide?	Date of injury	
	(State of County)	17/	100		Whera did injury occur?(Specify	city or town, county and State)	
17. INFORMANT (Address)					Specify whether injury occurred in INDUSTRY	, IN HOME, or IN PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL					Manner of Injury		
Place Divalve May Date June 10 , 1933					Nature of injury		
19. UNDERTAKER Colore text consists of hours					24. Was diseasa or injury in any way related to	occupation of deceased?	
13.	(Address)	Birse	We Mol	- what the statement	If so, specify Q_1	10	
20	FILED	19 P. Wor	esoud	Walter	(Signed) SKI Dur	M.D.	
20,	,		1	Registrar.	(Address County 194	erollar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	Example II
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes Date of onset of importance were as follows:
Arteriosclerosis 1915	Attack of epilepsy 1 week ago
Chronic interstitial nephritis	Run over by street car 1 week ago
Cerebral hemorrhage Luly 5,19.	27 Peritonitis 3 days ago
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones May 1,19	23 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WYTH UNFADING INK-THIS IS A PERMANEN'R KECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Wicamica	Registration Dist. No. 332
Village or City Parsanlung md	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 77 yrs, 10 mos	12 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME malinda Falla	w.
(a) Residence: No. Parsonling Ind. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX Lemale Calored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Wile of Gilley Farlage	1 MEREBY CERTIPY, That I attended deceased from
	1933, to flexe 0 , 1933 ! last saw here alive on level 1933; death is said
6. DATE OF BIRTH (month, day, and year) July 26 1855	to have occurred on the date stated above, at 19.59 m.
77 10 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8 Trade profession or particular	Oate of onset
kind of work dona, as SPINNER, at Lume	Cloric Legusquetation 1930
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	1
10. Date deceased last worked at this occupation (month and spent in this	
10 0 1	Other Contributory Causes of Importance:
12, BIRTHPLACE (city or town) Parsanting Md (State or country)	
2 1:01:	Cillio Getain 19A
E P	
[State or country]	Name of operation Date of Was there an au'onsy?
15. MAIOEN NAME Elie Parpara	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Parsonling Ind	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Earnest Parker (Address) Parsanly and RED 2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place Bickent Chapel Coate June 11, 1933	Nature of injury
19. UNDERTAKER Chas. O. Yurnell (Address) Syange H. D. Ind	24. Was disease or Injury in any way related to occupation of deceased?
Pin	(Signed) Leavely M. O.
20. FILED Unl. 8, 1933. Lillian Jocal, Registrar.	(Address) Pleating Red
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 wear

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06511
1. PLACE OF DEATH	222
County Migricia DO	Registration Dist. No. 229
Village or City Section Vol 170	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	os3_ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME O Alambo Well gore	dy
(a) Residence: No. Seyland Llelaware	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male While married	(Month) (Vay) (Year
5a. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY, That I attended deceased
(or) WIFE of Mis Orlands July Gordes	June / 19 33, 10 June # 19:
6. DATE OF BIRTH (month, dey, and year) Not known	last saw h elive on free 1933; death is
7. AGE Abovent Months Days II LESS than	to heve occurred on the date stated above, at 1. 7 m.
714s 1dey,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particuler kind of work done, ea SPINNER, SAWYER, BDDKKEEPER, etc	Juffmedion cyptites du
	Wentaged finstate
9 industry or business in which work was done, es SILK MiLL, SAW MILL, BANK, etc.	
10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and further spant in this occupation	
DIRTINIACE (city of law) ATU George	Dither Contributary Clases of Importance:
12. BIRTHPLACE (city or town) (State or country)	nappes
13. NAME Muleum	0
14. BIRTHPLACE (city or town)	Name of operation of a leafur cyclothy Date of 1/3.
(State or country)	What test confirmed diagnosis? Olivina Was there an autopsy?
15. MAIDEN NAME human	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, auicide, or homicide?Date of injury
∑ (State or country)	Where did injury occur?
17. INFORMANT O. F. Horfestat	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Julishy mil	
18. BURIAL, CREMATION, OR REMOVAY	Manner of injury
Place Selfour Per Date Jin 1,193	Nature of injury
19. UNDERTAKER 2/ Trumpter Son -	24. Was disease or injury in any way related to occupation of deceased?
(Address) Federalibry md.	if so, specify
20. FILED Line 5-1933 Ve May June	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	•	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

06512

1. PLACE OF DEATH	23
County Cocconico	Registration Dist. No. 3 3
Village or City Salis Cru	No. Eastern The Rand St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred vis	os
2. FULL NAME Te and 6, 10 aster	egs IP o l 21.
(a) Residence: No. (Usual place of abode)	St., Ward. Multiple St., Ward. Mil If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Signal	21. DATE OF DEATH (Month) (Def) (Year)
5a. If married widowed or divorced	- (nonin) (bay) (feat)
(OI) WHE of Manie 6. Hastings	22. HEREBY CERTIFY That I attended deceesed from
6 31 1900	- type 24, 1933, to fline 7, 1933
6. DATE OF BIRTH (month, day, and year) Juny. 31, 1877 7. AGE Years Months Days If LESS than	1 last saw h alive on 1995; death is said
7. AGE Years Months Oays If LESS than 1 dey,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
56 5 9 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Pot
SAWYER, BOOKKEEPER, etc.	I welm may tutucolosis 1928
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL, Quantum of Mills, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	
10. Oate deceased last worked at this occupation (month and 25%) spent in this occupation.	
12. BIRTHPLACE (city or town) Vienza, Ma (State or country)	Other Contributary Causes of Importance:
13. NAME Robert L. Hasterys	
11. BIRTHPLACE (city or town) Harrison, Med	Name of operation. Mane Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? Ko
15. MAIDEN NAME Harriet Canoll	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) M. Salem, Med	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Charles W. Hastry	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place & vidock me Oats June 8 ,1933	Menner of injury
197 - ATION I	7/
19. UNDERTAKER	24. Was disease or Injury In any way related to occupation of depeased?
Que 5- 22 (10) 1	(Signed) Whatles December M. D.
20. FILED HUNE 1, 1999 V. May Summer Registrar.	(Address) Eastern they Frank
	1, 2411 N. Charles Street, Baltimore, Requesting V. S. No. Salishus . Mil

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

OCCUPA-

Jo

Exact statement

properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

B.—WRITE PLAINLY,

STATE OF MARYLAND-	CERTIFICATE OF DEATH 06513
1. PLACE OF DEATH	(23)
County Wi Comas	Registration Dist. No. 332
Village or City Willards Md. R.D. /	No. St. Ward
a d'all	death occurred in a hospital or institution, give its NAME instead of street and number) 3.0 ds. How long in U.S. if of foreign birth?
£ 11: £ 11 -	ds. now long in 0.3.11 of foreign pirth?yrsmosds.
2. FULL NAME Offil G. May man	ð (
(a) Residence: No. VIII and (Usual place of abode)	2. /St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced	22. I HEREBY CERTIFY. That i attended deceased from
(or) WIFE of John W. Hayman	May 1923 to June 20 1933
6. DATE OF BIRTH (month, day, and year) July 25, 1905	Hast saw hard alive on And 14, 19 33; death is said
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, atm.
28 10 30 t day,hrs.	The PRINCEPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, kind of work done, as SPIN	
9. Industry or business in which	Julli Rulosso Jugo: 1929
work was done, as SILK MILL, Oron North	
O Data deceased last worked at this occupation (month and the 2 occupation occupation occupation occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importanca:
(State or country) Tranylang	
13. NAME John J. Layton	
13. NAME 13. NAME 14. Staytore 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? XX ay Was there an autopsy?
15. MAIDEN NAME RELECTED Brown 16. BIRTHPLACE (city or town) (State or coupley)	23. If dasth was due to external causes (VIOL ENCE) fill in also the following:
t6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT COLUMN CO STRUCTURE (Address) William do ma	Specify whather injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
ts. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Live Sun Date June 22, 19.33	Nature of Injury.
19. UNDERTAKER M. Jashy walner	24. Was disease or injury in any way related to occupation of decaased?
(Address) felloy July Deli	If so, specify
20. FILED Lune 21, 1938 Tillian A Laves	(Signed) M. D. (Address) Belin Md
Local Registrar.	(Audiess) A. J.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epitepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis **	3 days ago
		S. A. Paris	
Other contributory causes of importance:		Other contributory causes of importance?	1
Gallstones	May 1,1923	Gastroenteritis	1 year
		I hay make your	
		, 5° ,	



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	III	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5, 1927	Peritonitis	3 days ogo
WILL IS THOU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of enset

BINDING

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.- TION is very important. See instructions on back of certificate.

AM. 22. 5

	CERTIFICATE OF DEATH 06516
1. PLACE OF DEATH	(86-0)
County Zuremuce	Registration Dist. No. 3.3.7.
Village or City Types person	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	isds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME A Jane Horaly	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rupice the word)	21. DATE OF DEATH 6 - 2 7 19333 (Year)
5a. If married, widowed, or divorced James 2. Horner	
(or) WIFE of Wickery	22. I.HEREBY SERTIFY. That I attended deceased from 133 to June 27, 19.33
6. DATE OF BIRTH (month, day, and year) Oct 9 180	I last saw help alive on June 27, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at-
80 8 12 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related (auses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDINKEERER, etc.	Corditio
kind of work done, as SPINNER, SAWYER, BDDIMKERER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	assidentally fell out of her chairs
1D. Date deceased last worked at this occupation (month and 1930 spent in this occupation per	gracturing, her left key Duration 2 months.
12. BIRTHPLACE (city or town) Theman Control (State or country)	Other Coutributory Causes of importance Leg april
13. NAME Joseph Housey	16,1933.
4 14. BIRTHPLACE (city or lown)	Name of operation
(State of country)	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Tierras Ma	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city of town) Viennes Mig	Accident, suicide, or homicide? Date of Injury, 19
(State or coultry)	Where did injury occur?
17. INFORMANT Mills Horner (MI)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Lyaskin My Date fill 30, 19/3:	
19. UNDERTAKER Mrs. God Jussian & Sons	24. Was disease or Injury In any way related to occupation of deceased?
20, FILED June 28 19 3 3 P. Wool found Wal	48igned) D. allen Field M. D

antecoke, my If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address) ______

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRATT				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

County Trees	Registration Dist. No. 332
	A1
Village or City 1 1 2 m 9 m	No. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos d
2. FULL NAME Infant Hudson	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIOOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Female 4. COLOR OR RACE OR DIVORCED (write the word)	(Month) (Oay) (Year)
. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from 21, 19 93, to 21, 19 3
DATE OF BIRTH (month, day, and year) June 21-1933	last saw her amon Stee born death is se
AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 2 . A .m.
Ttel bom 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Trematine with for 2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc	File months 'regnany
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
7/200	Other Contributory Causes of importance:
(State or country)	
13. NAME Roland R Hud son!	
11.000.000	Name of operation
14. BIRTHPLACE (city or town). (State or country) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME mans 9 Danis	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Wango	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
INFORMANT many a Hudson	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wango Cemelingate Jue 21, 1933	
UNDERTAKER J. W. Bushary	24. Was disease or injury in any way related to occupation of deceased?
Constant of the second	If so, specify (Signard)
FILED Stree 21 1933 dellian 1. Lavi	(Signed) M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to refirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	=1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		1 °	FI-III
A CONTRACTOR OF THE CONTRACTOR			
Other contributory causes of importance:	mi-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

BINDIN

FOR

MARGIN RESERVED

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

STATE OF MARYLAND	CERTIFICATE OF DEATH 06519
1. PLACE OF DEATH	159
County // Maronico	Registration Dist. No. 333
Village or City Delsman Del	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Julian Hohrsom 6	
(a) Residence: No. Delistar, Del.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH
male mule single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY? That I attanded deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h Day alive on Thomas 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	
// // / 1 days 2hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	There where Broth (6 men)
9. Industry or business in which	- Manus si fonce con
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Const State of Importance.
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Sellen of Shrague	23. If death was due to external causes (VIOLENCE) fill In also the following:
To 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (Stata or country)	Where did injury occur?
17. INFORMANT DENVEY Office July (Address)	(Specify city or town, county and State) Specify whather injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL & Moreonew	Manner of injury
Place Vastings in Date June 12, 1983	Nature of injury
19. UNDERTAKER Dice & many	24. Was disease or injury In any way related to occupation of deceased?
(Addiess) Othman Del	If so, specify
20 FILED June 12, 33 V. May June	(Signed) M.D. M.D.
Registrar.	(Address) Phinay ph

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

*XECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENIMA mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH 06520
1. PLACE OF DEATH.	(46)
County Alcomico	Registration Dist. No. 333
Village or City Delman, Leel.	No. St., Ward
	sds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME May us to and (a) Residence: No. Delma (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH 26 103 3
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Balmer Kenny	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 16. 1853	I last saw har elive on June 16 1953; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 5 P m.
80 (/3~ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	the man of the trace
S. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10-Date deceased last worked et this occupation (months and the second last worked as the second last worked at this programming (months and the second last worked at the second last worked last worked at the second last worked at the second last worked	-5
O this occupation (month and yaar)	
12. BIRTHPLACE (city or town)	Other Contributory Canses of Importance:
(State or country) Alelaurane	La Land
13. NAME Joseph Simmer	77 - 70 - 7000
13. NAME STAFF	Name of operation Data of
(State of Fountry)	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME Many Hearn	23. If death was dua to external causas (VIDL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) / Delaurel	Whera did injury occur?
17. INFORMANT Harold Kenney (Address) LOLLman LOLL	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Josephan, self place Melsons M. E. Consis Jun 28 1833	Manner of Injury
Chall Q and a	Nature of injury
19. UNDERTAKED	24. Was disease or injury In any way related to occupation of deceased?
(Address) delmar Leif	If so, specify
20 FILED June 48, 1930 Jr May June	(Signed) M. D.
Registrar.	(Address) Addresses I for

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
8118.50			
Other contributory causes of importance:		Other contributory causes of importance:	ME G
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23)
County Vicomico	Registration Dist. No. 33
Village or City Man Hetron	No R.O. ±1, St. / Ward
C (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Bulha E. Jettlele	
(a) Residence: No RD. #1. Hetron Marylan	St. / Ward.
(Usual place of about	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEY 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OF DEVORCED (purice the word)	21. DATE OF DEATH
Simale White Married	(Poorth) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Sarleld titleton	22. 1 HEREBY CERTIFY, That attended deceesed from
0 11 1861	- June 1931 to June 1933
6. DATE OF BIRTH (month/dey, and year)	I last saw h
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, & 5.40 m.
52 / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	D p
on the profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Lodustry or business In which	I whenever I whereelding
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et 11. Total time (years)	
O this occupation (month and spant in this year) occupation	
near new Cartle	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	-
E 13. NAME Kendall R. Harren	
14. BIRTHPLACE (city or town) law flux. Castle (Stete or country).	Name of operation
	What test confirmed diagnosis? Was there an auropsy?
The state of the s	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mar Hur Carle (State or country)	Accident, suicide, or homicide?
1 1 - A littl 1 -	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Spread full fulleton	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) F. H. Tehn Mayland. 18. BURIAL CREMATION, OR REMOVED.	
Place Helson Chinch Pened June 14 1033	Manner of Injury
9/11	Nature of injury
19. UNDERTAKER Holloway + ta:	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salving Mayland,	If so, specify
20. FILED June 12/0/3? WHRobiton	(Signed) Signed (Manuel M. D.

PHYSICIANS should state

AGE should be stated EXACTLY.

IS A PERMANEN

WITH UNFADING INK-THIS

mation should be carefully supplied.

B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

AECORD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V. P	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

RESERVED

MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death accurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? Length of residence in city on town where death occurred 2. FULL NAME (a) Residence: No Ward. (Usual place of abode If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) (Month) (Oay) (Year) 5a. If marriad, widowed, or divorcad HUSBANO of (or) WIFE of 22. CERTIFY, That Lattanded daceased from 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years Months Davs 1 dayhrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows Date of onset 8. Trada, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.. 10. Oata daceased last worked at Total time (years) spent in this this occupation (month and occupation ... Othar Contributary Causes of Importance 12. BIRTHPLACE (city or tow (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town) (Stata or country) Jahrahr What test confirmed diagnosis? Was thara an autopsy? MOTHER 15. MAIOEN NAME 23. If death was due to external causas (VIOLENCE) fill in also the following: Oate of injury. Accidant, suicida, or homicide?. 16. BIRTHPLACE (city or town (Stata or country Whare did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE, 17. INFORMANT (Address) OR REMOVAL 18. BURIAL CRIMATION Manner of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER (Addrass) If so, spacify (Signed) MA Registrar. (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS I	BY	PHYSICIAN
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-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

065.23

1. PLACE OF DEATH	92-0
County Willowie a.	Registration Dist. No. 332
Village or City Pittaville Md	No. St. Ware
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yyrs.	ds. How long In U. S. if of foreign birth?yrsds
2. FULL NAME Japuel Richard Me	neal
(a) Residence: No. Juttaville	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)	21. DATE OF DEATH
male white married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(a) HIFE OF Mrs. Sens Mc real	(Bpec 10 1033 10 June 3 193
6. DATE OF BIRTH (month, day, and year) 7.1c. 6. 1866	I last say he calive on 11.45 3 19.33 death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 P. m.
67 3 87 1 day,hrs	were as follows:
8 Trade profession or particular	Date of onse
kind of work done, as SPINNER, Herea Manager	- Sece treat CEROA keeps and
9. Industry or business In which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
Spent th this I A	
year fune. S, 11.54 occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
A	- Unles legungulation
13. NAME Daniel H. M. Real	
13. NAME Daniel H. M. Beel 14. BIRTHPLACE (city or town) Maryland	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary & Stewart	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) . Maryland	Accident, suicide, or homicida? Data of Injury, 19
(State or country)	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT TWIS PETTSURIES MA.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sanding Alah Campaterines , 1933	Nature of injury
19. UNDERTAKER Win. Howard Wells	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify
many was 1 33 tillia in the	(Signed) Leaves 17 Deores M. I
20. FILED June 4, 1933 Lillian J. Lawrence	(Address) Salay on hed

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

V. S. No. 1

	OF MARYLAND—	CERTIFICATE OF DEATH	65.34
1. PLACE OF DEATH		23	
County Nicome		Registration Dist. No	3.37
Village or City Jereke	4	NoS	St., Ward
Length of residenca in city or town where		f death occurred in a horpital or institution, give its NAME instead of streetsds. How long in U.S. if of foreign birth?yrs.	
2. FULL NAME John	P. & Messiek		
(a) Residence: No. U	******	St., Ward.	
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or lov	
3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEA	IH O
male white 5a. If marriad, widowed, or divorced	5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	(Month) (Day)	193 3 (Year)
(or) WIFE of addie 9	. Messiek	22. THEREBY CERTIFY, That I att	tended deceased from
6. DATE OF BIRTH (month, day, end year)	ne 3 1870	I last saw h elive on Desse 5 15	33; death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, etm.	
63	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causas of importance were as follows:	
8. Trade, profession, or particular kind ot work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Broker	Bulmonory	Date of coast
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc		Tuberulesis	
Date deceased last worked at this occupation (month and yeer)	11. Total time (yaars) spenf in this occupation 40		
12. BIRTHPLACE (city or town) (State or country)	yland	Dther Contributory Causes of importance:	
13. NAME: William 14. BIRTHPLACE (city or town) Me (State or country)	B. Messiel		
4 14. BIRTHPLACE (city or town)	enfand	Name of operation	la of
(State of County)	4	What tast confirmad diagnosis? Was tha	re an autopsy?
15. MAIDEN NAME	Lazmere	23. If death was due to external causes (VIOLENCE) fill in also the fo	llowing:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country)) ery weed	Accidant, suicide, or homicida? Data of Injury	
17. INFORMANT TO se add	ie a Messel	Where did injury occur? (Specify city or town, ecunty a Spacity whathar Injury occurred in INOUSTRY, in HOME, or in PUBL	nd State)
(Addrass) Liestie	- marsend		ITO TEROE.
18. BURIAL, CREMATION, DR REMOVAL	0 000	Mannar of injury	
Place Masking	Date Jane 1 19 3	Neture of injury	
19. UNDERTAKER A Selection (Addrass)	nainl	24. Was disease or injury in any way related to occupation of decease	ad?
20. FILED Just 6, 1933 P. 76	orlford Waller Registrar.	(Signed) Alla Alla	8 M.D.
If more		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows: Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
September 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

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Statement of cause of death. Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
No.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	61.	
•	0 1.	
14 3 Pr		



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate

V. S. No. 1

1. PLACE OF DEATH		CERTIFICATE	OF DEATH	065.77
County Vicamica) 		Registration Dist. No	337
Village or City Musture	ke	NoNo	ution, give its NAME instead of s	St., War
Length of residence in city or town where de	ath occurredyrsmos	sds. How long in U.S. if	of foreign birth?yrs	mos d
2. FULL NAME Walk	- alva	nuller		
(a) Residence: No.	(Usualplace of abode)	Stand Ward.	16	
PERSONAL AND STATISTIC		MEDICAL C	If nonresident give city or ERTIFICATE OF DE	
1	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	6-18	193-3
5a. If married, widowed, or divorced			(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREB	Y CERTIFY, Thet I	attended deceesed fro
	14 121		, 19, to	, 19
	me 3.1933	I last sew h elive on		, 19; death is sa
7. AGE Yeers Months	Days If LESS than 1 dey,hrs.	to heve occurred on the date stete		
	ormin.	were es follows:	th end related causes of import	Oate of onse
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		troff	0 0	
9. Industry or business In which		D	ded-de	al
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	••••	twhen I	arrive 1	
ting good barron (month) and	11. Totel time (years) spant in this	10 41	t-	
year)	occupation	Other Contributory Causes of Imp	ortance:	aly
(State or country)	ntreville	to I Come		
	17.	1 0 0	70	
Mais	tut.	auer x	acons ton	ou
(State or country)	an pe	Neme of operation	were.	Date of
	Dina Mallan	What test confirmed diagnosis?		
- Cy succession	I be for	231f deeth was due to externel ce Accident, suicide, or homicide?		
(State or country)	mil.	Where did injury occur?		iy, 19
17. INFORMANT Menters) Nautic	La L	Specify whether injury occurred i	(Specify city or town, count	y and State) UBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL		Manner of Injury		
Plece Naulio Re	Oate 119 19	Makes of laters		
9. UNDERTAKER W. R. Mys. (Address) Maultin	la mit	24. Wes diseese or injury In eny w		
20, FILED June 91933 (P. M	loolford Tatt	(Signed) (Address)	ller del	Do my
16 1	anks are needed address State Registrar			

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Manager of the State of the Sta			
7175			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

-WRITE PLAINLY, WITH UNFADING LANDS Stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ECORD. Every item of infor-TH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions -WRITE PLAINLY, B.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		6
County Wicomia	Registration Dist. No. 332	<u>'</u>
Village or City Pittarille	No. St., death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
	. 19 ds. How long in U.S. if of foraign birth?yrs,mos	
2. FULL NAME GLONGE UCM. P.	arker	
(a) Residence: No. Pittaville.	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	e
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male white Married	(Month) (Oay)	(Yaar)
5a. If married, widowad, or divorced HUSBANO of		
(or) WIFE of pres. Hester Parker	22. HEREBY CERT FY, That t attended dece	19 33
6. DATE OF BIRTH (month, day, and year) MAN 6 1862	I last saw here aliva on June 25, 19.33; de	ath is said
7. AGE Yaars Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at . 3. Gold,	
ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	ite of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Lastice Carrie	C. 2.
A Industry or business in which		93.
work was done, as SILK MILL, Own Farm SAW MILL, BANK, etc 10. Oate deceased last worked at 11, Total/time (years)		
10. Oate deceased last worked at this occupation (month and 1931) 11. Total kime (years) spent in this occupation occupation 34		
0:44. 1.01	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town)	Tastre //leer /	93:
13. NAME Minus Tooks Parke		
13. NAME TOOKS Parker 14. BIRTHPLACE (city or town) Pittsville	Name of oparation Date of	
(State of country)	What test confirmed diagnosis? Was there an autop	isy?_
16. BIRTHPLACE (city or town)	23. If daath was due to axtarnal causes (VIOL ENCE) fill in also tha following:	-
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Data of injury Whara did injury occur?	, 19
17. INFORMANT Mrs. Herbert Bailey	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
(Addrass) 18. BURIAL, CREMATION, OR REMOVAL		
Plac Parkers Camber Dato June 274, 1933	Manner of Injury	
19. UNDERTAKER UM. Howard Wells	24. Was disease or Injury in any way ralated to occupation of deceased?	J
(Address) Pittarielle	If so, specify	
20. FILEDUNE. 27,1933 Tillian M. Davis Local Registrar.	(Signed) (Address) (Address)	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDIN

7. S. No. 1

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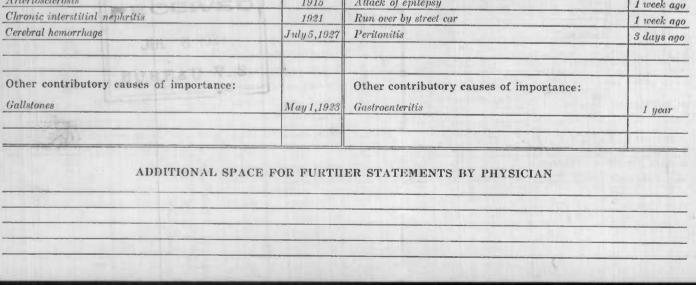
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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
,		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:



FOR BINDING

MARGIN RESERVED

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STATE OF MARYLAND	CERTIFICATE OF DEATH 06509
1. PLACE OF DEATH	159
County Wie wife.	Registration Dist. No. 333
Village or City Salas Say U.S	No. Pour & sure of some of the
(II	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
Length of residence in city or town where death occurred	How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME	how no 2
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED,	21. DATE OF DEATH
OR OLYORGED (write the word)	(Month) (Oay) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
C DATE OF RIPTH (mostly day and most) Stages 1 0 - 1933	15-3-2
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.15 km.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Princilene 3 2 mos
9 Industry or husiness in which	- 1/ / / / /
work was done, as SILK MILL, SAW MILL, BANK, etc.	Bom (10/33 died 0/15-13
10. Date deceased last worked at this occupation (month end year) year) cocupation	
11.0	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	-
	sons
E 2000000000	
14. BIRTHPLACE (city or town) (State or country)	Name of operetion Oate of What test confirmed diegnosis? Was there en autopsy?
# 15. MAIOEN NAME & Ill & Sway Hear	25-If Death was due to external causes (VIOLENCE) fill in also the following:
E CONTROL OF COLOR	Accident, sulcide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17 INFORMANT Frank R. Parsony	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address Church + Bond st. Saluty Ma	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place acons am. Oate pure 16, 1933	Neture of Injury
19. UNDERTAKER Itolloway & Co.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Saluty Maylord.	If so, specify R
20. FILED June 1, 99, 33 fr May June	(Signed) M. D.
Registrar.	· (Address)

Registrar.

(Address) Lale

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Example I	b)	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

. 06530

County Thurses	Registration Dist. No. 33
Village or City W. Juancies	No. St. 2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Skruel Stelly Phi	llifo
(a) Residence: No. W. Luartus	St., V Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Itale Philade (write the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Laura a. Phillips	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 12.1860	I last saw h are alive on June 2 9 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.451m.
77 8 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were es follows
SAWYER, BOOKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	angua Pectorio
10. Date deceased lest worked at this occupation (month and 1931 spenting this occupation occupation)	
100 0 0	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	P. D. M. J.
13. NAME (MX) Alillian	works of our
13. NAME (It) Philips 14. BIRTHPLACE (city or town)	None of a sufficient
(Stete or country)	Name of operation Date of
E 15. MAIDEN NAME Villing to Brunds	What test confirmed diagnosis?
15. MAIDEN NAME Virginia Baundo 16. BIRTHPLACE (city or town) - My 0 0	23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
S 16. BIRTHPLACE (city or town) (Stete or country)	Where did Injury occur?
17. INFORMANT Charles C. Alelips.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Luabio, M.	
Place Markey Madate 7/1/33,19	Manner of Injury
19. UNDERTAKER The Hill & Maring Co.	24. Wes disease or injury In any way related to occupation of deceased?
(Address) Faliabuly, M.	If so, specify
20. FILED 11. 19.2 2 7000 m. Wall	(Signed) aller alle M. D.
Registrar.	(Address)

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
-10 3 F & O			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:		Other contributory causes of importance:	WEST !
Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SPA	CE FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF MARYLAND	GERTIFICATE OF DEATH 06531
1. PLACE OF DEATH	82-0
County//acomilo	Registration Dist. No. 333
Village or City Salietury	No. 1208 E. Church St., 5 Ward
Length of residence In city or town where death occurred yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME/Wham J. Myy	
(a) Residence: No. 2086. Why have my	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. GOLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORLANDER (write the Apord)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Mary E. Physique	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dayland year) Sept 4, 1852	I last saw h km alive on programme 22, 1927; deeth is said
7. AGE Years Mopths Days If LESS than	to have occurred on the date stated above, 2-462 m.
80 9 /9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onest
kind of work done, as SPINNER, Frammers SAWYER, BOOKKEEPER, etc.	A
Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Refre Halmongage
this occupation (month and 1926 specific first year)	1
12. BIRTHPLACE (city or town) Milonnile C. (State or country) Salety Md	Other Coutributory Causes of Importance:
13. NAME John . Physics	
E Wigning Plant	D
4. BIRTHPLAGE (city or town) Mayles (State or country)	Name of operation Date of
15, MAIDEN NAME Massalda Quit	What test confirmed diagnosis? Was there en au opsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Majorda Truit	Accident, suicide, or homicide?
E (State of country) All Shy Med.	Where did Injury occur?
17. INFORMANT May May Ellipyer (Address) Yalisham William	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVED. Place Liver 25, 1933	Menner of injury
19. UNDERTAKER Howay & Co. (Address) Solicitud Marchael	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED June 23, 93 Jr. Way June Registrat.	(Signed) A Bayras g M.D. (Address) Sellskung M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting U. S. No. 2.

V. S. No. 1

2

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i i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attock of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attock of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

Gallstones	May 1,1923	Gastroenteritis	1 year
			1 9000
ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS BY PHYSICIAN	

V. S. No. 1

		STATE (OF MARYLAND-	CERTIFICATE OF DEAT	H 06502
1.	PLACE OF	DEATH		~~/	4 4 4
	County	wasile	100.	Registration Dist	No. 333
	Village or C	il ali	Gill weeder	H. Sul B. se Jon.	how of ward
		dence in city or town where	/X \ //	death occurred in a hospital or institution, give its NAME institution. ds. How long in U.S. if of foreign birth?	ead of street and number ds.
2	FULL NA	Os 6 1 34	01101 9 10	Oo (Chandle	leune !
2.			2 0 2 2	(Lun 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-)
	(a) Residen	ce: No.	(Usuai place of abode)	If nonresident give	city or town and State
entutes:	PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE O	FDEATH
35	EX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	3
1	4.	10.	angle	(Month)	(Oay) (Year)
5a. I	f married, widow HUSBAND of	ed, or divorced	1		
	(or) WIFE of		/	WHO HEREBY CERTIFY.	That I attended deceased from
			May 7-1932	I last saw h Salive on 1 122	1933 death is said
6. D		month, day, and year) rs Months	Bays 7 If LESS than	(7)	-m.
/·· ^	GE 100	is months	old 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of	
-	9 Trada asofas	paion or portionles	3 2 ormin.	were as follows:	Oate of onset
NO	kind of w	ssion, or perticular vork done, as SPINNER, BOOKKEEPER, etc		frem alure Dure	£
ATI	9. Industry or	business In which		16/2 may many	-1
OCCUPATION	work wes	done, as SILK MILL, L, BANK, etc	•		
Ö		ed last worked et pation (month end	11. Total time (yeers) spent in this		
			occupation	Other Contributory Causes of Importance:	
12.	BIRTHPLACE (cit	ty or town D	2.	Chief Control of Migoriance.	
_	(State or cour	itry) Ilmin	ela Leu & Hap		
ER	13. NAME (1)	willy in	C. Pourll.		000000000000000000000000000000000000000
FATHER	14. BIRTHPLACE	(city or town)	sel.	Name of operation	Oate of
-	(Stete or	country)		What test confirmed diagnosis?	Was there an autopsy?
HER	15. MAIDEN NA	ME WWW 3M	Clarks & spru	23. If death was due to external causes (VIOLENCE) fill in	also the following:
MOT	16. BIRTHPLACE	(city or town)	Se.	Accident, suicide, or homicide? Oate	of injury, 19
Σ	(State or	country)		Where did injury occur?	
17.	INFORMANT	wirely	Denna 4. E	(Specify city or tow specify whether injury occurred in INOUSTRY, in HOME,	or in PUBLIC PLACE.
	(Address)	I'mis	Fre Jones 2		**********
18.	2/1	ION, OR REMOVAL	1 9,000 830.9	Manner of injury	
	Place L.J.	SAN COMMIN	Oate June 30, 1933	Neture of injury	
19.	UNDERTAKER (The Hill of	Johnson Co	24. Was disease or injury in eny way related to occupation	of deceased?
-	(Address)	Salis	Joury mcl.	If so, specify A The	Cut-
20.	FILEDRUM	e 30,033 8	J. May June	(Signed)	
1			Registrar.	(Address)	
		If mor	e blanks are nek ded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TOTAL			
Other contributory causes of importance:		Other contributory causes of importance:	1000
Gallstones	May 1,1923	Gastroenteritis	1 year
		h	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAL
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Nature of injury 24. Was disease or injury

If so, specify (Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 2.

Registrar.

(Addrass

any way related to occupation of deceased?

V. S. No. 1

LION

19. UNDERTAKER

(Addrass)

FOR BINDIN

RESERVED

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	RY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE O	F MARYLAND—	CERTIFICATE OF DEATH 0653	4
1. PLACE OF DEATH		1012	^
County (1) in the	رحی.	Registration Dist. No. 3.3	3
Village or City Salis	fell your	No. You all the state of the st	war (er)
Length of residence in city or town where de	ath occurredmos	ds. How long in U.S. if of foreign birth?yrsmos	10
2. FULL NAME & ale	Journ 9 p	20.	
(a) Residence: No.	U sake	ward.	
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
Mara Coop.	or DIVORCED (write the word)	21. DATE OF DEATH (Nonth) (Day) , 193	33 (Yaar)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I ettended decea	-
6. DATE OF BIRTH (month, day, and year)	une 8, 193:	t tast saw h alive on 9, 1922; dea	ِخہ ≤۔19 ath is sai
7. AGE Years Months	Days / If LESS than 1 day, hrs. or min.	to have occurred on the dete steted above, at	te of onse
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	V	Demobhilia -	
9. Industry or business in which work was done, as SILK MtLL, SAW MILL, BANK, etc		(the day to the thing)	
D. Date deceased last worked el this occupation (month end year)	11. Total time (yeers) spent in this occupation	unchitrelable	
12. BIRTHPLACE (city or town) (State or country)	Salisbury	Dther Contributory Causes of Importance:	
	- these		
13. NAME (City or town) (State or country)	2.	Name of operation	
(otate or country)	20000	Whet test confirmed diagnosis? Was there an autops	sy?
15. MATDEN NAME (City or town).	& France	23. If death was due to external ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	, 19
2 (State or country) 17. INFDRMANT	Davis	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL	10 ato June 10, 19 3.	Manner of injury	
19. UNDERTAKER James F. (Address) Thrusell	assett action	24. Wes disease or injury in eny way retated to occupation of deceesed?	
20, FILED Jame 10, 19 3 3 8	r. May Turne	(Signed) Solisbury h	M.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DUREAU STATE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be B.—WRITE PLAINLY,

V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1653)				
1. PLACE OF DEATH					
County Thisemico	Registration Dist. No. 337,				
Village or City Jesterville Ma	NoSt,Ward death occurred in a horpital or institution, give its NAME instead of street and number)				
Langth of residance in city or town where daath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.				
2. FULL NAME Infant Solsey Rob	erto				
(a) Residence: No. Tanticolu eld. (Usual place of abode)	St., Ward. If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)				
5a. If married, widowad, or divorced HUSBAND of					
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 12. 1 HEREBY CERTIFY, That I attended deceased from 15. 19.33 to During 18. 19.33				
6. DATE OF BIRTH (month, day, and year) June 17 1933					
7. AGE Years Months Days If LESS than I day, 24. hrs.	to have occurred on the date stated above, at. 7-2-m.				
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:				
8. Trade, profession, or particular kind of work done, as SPINNER,	6				
SAWYER, BDOKKEEPER, atc	Trematurety of broth				
work was dona, as SILK MILL, SAW MILL, BANK, atc	11100				
Date deceased last worked at this occupation (month and spant in this occupation					
12. BIRTHPLACE (city or town) Justinizelle Mof	Dther Centributory Causes of importance:				
(State or country)					
13. NAME Steeper & Cosey 14. BIRTHPLACE (city or town) Manhack BC					
V 14. BIRTHPLACE (city of town) Standard (Stata or country)	Name of oparation Date of				
15. MAIDEN NAME A September	What test confirmed diagnosis? Was there an au'opsy?				
	23. If death was due to axternal causes (VIOL ENCE) fill In also the following:				
16. BIRTHPLACE (city or town) Justing (State or country)	Accidant, suicida, or homicide?				
Manife Tol 1 for	Where did injury occur? (Specify city or town, county and State)				
17. INFORMANT (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, DR. REMOVAL	Mannar of injury				
Place Jestarulle ffoate June 19, 1993	Nature of injury				
19. UNDERTAKER MISS WILLIAMS LAND LAND LAND LAND LAND LAND LAND LAND	24. Was disease or Injury in any way related to occupation of deceased?				
20. FILED June 19, 1933 P. Woolford Walte	(Signad) alistowny Med M.D.				
	2411 N. Charles Street, Balimore, Requesting U. S. No. L.				

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Example I		Example II			
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
EL CEIVED					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
BUREAU					

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH pluods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street ...ds. How long in U.S. if of foreign birth?__ Length of residence in city or town where death occurred statement If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a, tf married, widowed, or divorcad HUSBAND of (or) WIFE of 22. EBY CERTIFY. That I attanded decaesed from 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last worked at 11. Total time (years) this occupation (month end spant in this occupation instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER See 14. BIRTHPLACE (city or (State or country) What test confirmed diagnosis?_ Was there an autopsy? MOTHER important 23. If death was due to external causas (VIOLENCE) fill In also tha following: Accident, suicide, or homicide?_______ Date of injury_______ 19-16. BIRTHPLACE (city or town) (State of bountry) Whare did Injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 48. BURIAL, CREMATION OR Manner of injury CAUSE ALL Date mation Nature of injury_ 24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signad)

(Year)

Date of onset

(Day)

Registrar. (Address) If more blanks are nedded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	continued of the contin	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06537
1. PLACE OF DEATH	<u> </u>
county Wie winco	Registration Dist. No. 333
Village or City Salis harmy led	was love of such such such on C
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town whera deeth occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME ()	section.
(a) Residence: No.	St., Ward. Locomobility
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
The surgle	(Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thef I attended deceased from
(or) wire or	June 3, 1927, 60 June 3, 1973
6. DATE OF BIRTH (month, day, and year) wie 3- 1933	I lest gaw h alive on
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 10. 2 m.
O O 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Toobung Consulsons
9. Industry or business in which work was done as SILK MILL,	Still born
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
this occupation (month and spant in this occupation	
· Charles I	Other Cartifactor Character interportanger
12, BIRTHPLACE (city or town) (Stafe or country)	
" 13. NAME Richard Ray was,	
II	Name of operation
14. BIRTHPLACE (city or town). (State or country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Suisa School field	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Deta of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Levy Year Hospital	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sales Luy Mid	***************************************
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date July 1, 19 3	Nature of injury
19. UNDERTAKER Suget P. S. Hospital Caclin	A. Was disease or injury in any way related to occupation of deceased?.
(Address) Splisbury, Mid. 1	If so, specify
20, FILED June 49 33 Homay June	(Signad) W.D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	ER STATEMENTS BY PHYSICIAN
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state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH (16539)
	1. PLACE OF DEATH	93-0
plnods	County Mynus	Registration Dist No. 333
sho of (Village or City W. Salishury	No. To Division Af St., 13 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of rasidence in city or town where death occurred	
PHYSICIANS ict statement	2. FULL NAME Marcha Cabler / Vada	ine
SIC	(a) Residence: No. So. Aleursin Est.	St. 13 Ward.
HX	(Usual place of alsode)	If nonresident give city or town and State
PExact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CY. E	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OBJEVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
Ssified	5a. If married, widowad, or divorcad HUSBAND of	
त्त्	(or) WIFE of V Clifal I J radice	PEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) May 7, 1857.	I last saw h alive on asse 1, 1933; death is said
erly icat	7. AGE Years Months / Days If LESS than	to have occurred on the date stated above, at 3767 tm.
stated E properly certificate	81 8 75 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
be i	8. Trada, profession, or particular kind of work done, as SPINNER, A None SAWYER, BOOKKEEPER, etc.	Miso and As amount
	9/ Industry or business in which	fun car our o guman
should it may n back		
0 4 1	SAW MILL, BANK, etc 10. Oato deceased last worked at this occupation (month and yoar)	
AGE so that ctions	A 1	Other Contributory Causes of Importance:
	12. BIRTHPLACE (city or town) (State or country)	
efully supplied in plain terms, ant. See instru	13. NAME Herry Muridy	
sup in te See i	14. BIRTHPLACE (city or town)	Name of operation Data of
ly :	(State or country)	What test confirmed diagnosis? Was there an au opsy?
refully in pla tant.	15. MAIOEN NAME NOT RESOUR	23. If death was due to external causes (VIOLENCE) fill fn also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
be EAT imp	(State or country)	Where did injury occur? (Specify city or town, county and State)
hould be car OF DEATH very import	17. INFORMANT W. ATT 1. I takene	Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manageration
<u></u> □ □ ·∺	Place Princesolise Date 6/3/33 19	Nature of Injury
CAUSE TION is	19. UNDERTAKER The Will & It Carrage Co.	24. Was disease or injury in eny way related to occupation of deceased?
201	(Addrass) Salishung, grad.	If so, specify
1	20. FILEO June 319 33 & May June	(Signed) (Address) Collaboration (Address)
	4	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis .	1 year	

Manner of injury

Nature of injury

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Signed)

(Address)

24. Wes disease or injury in any way related to occupation of

M

CAUSE mation

LION

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributors are of important	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SP.	ACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06541
1. PLACE OF DEATH ,	<u> </u>
County Maconner	Registration Dist. No. 333
Village or City Salisbury h.	No. 216 te. Vine 8 St., 13 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Defat Wall	
(a) Residence: No. 216 E Unit	St / 3 Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH
franch that Junge	(Month) (Day) (Year)
5%. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	, 19, to
6. DATE OF BIRTH (month, day, and year) 2 1733	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
0 0 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	0 - 1. [
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Irlinatur Thith
Mind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	(2/suo)
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Mayle	Other Controller Causes of Importance.
(State or country)	
13. NAME Wellard hallace	
14. BIRTHPLACE (city or town) ?	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SEELLA PROBLEM	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE,
18. BURIAL, CBEMATION, DR REMOVAL	Manner of Injury
Place Home Cling Date June 26, 1933	Nature of injury
19. UNDERTAKER Willand Walles Jacking	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Salisty	If so, specify
20 FILED June 25, 33 Jr. May June	(Signed) DOSOVILO M.D.
Registrar.	(Address) Jelisbury last
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1 week ago 1915 Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

(Address)

24. Was disease or injury in any way related to occupation of deceased?

19. UNDERTAKER (Address)

2D. FILED.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	To the state of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PR			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLAINLY, WITH TINEADING THE THIS IS A PERMANENT

V. S. No. 1

1. PLACE OF DEATH	,	_	(183)	222
County	comilo		Registration Dist. No.	000
Village or City	Cear Sale	sbury	No. Thoute # St. death occurred in a horpital or institution, give its NAME instead of street	
Length of residence in city of	or town where deeth occurred	yrs,mo	ds How long in U.S. It of foreign birth?yrs	
2. FULL NAME	Ellan K.	It hito		
(a) Residence: No.	falistury, 7	nd, Route	#Zst. Ward.	
	- 1/	ce of abode)	If nonresident give city or town	
	STATISTICAL PAR		MEDICAL CERTIFICATE OF DEAT	'H
3. SEX 4. COLOR C		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	102 7
5e. It married, widowed, or divorced	ute sin	ghe	(Month) (Day)	(Year
HUSBAND of (or) WIFE of	1 0		22. HEREBY CERTIFY That I atte	nded deceased
	9		Jan 9 , 1930, to June 9	195
6. DATE OF BIRTH (month, dey, en		2,1921	I fest sew h elive on, 19_	; death Is
7. AGE Years	Months	tf LESS then	to heve occurred on the date stated ebove, et	
12	1 7	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:	Date of o
8. Trade, profession, or partic	SPINNER.	la lail		
kind of work done, es: SAWYER, BOOKKEEPER 9. Industry or business in wh work was done, es: SILM SAW MILL, BANK, etc 10. Date decessed last worked	nich		Clerkent of m	
work was done, es SILK SAW MILL, BANK, etc				
- I this occupation (month	end st	time (yeers)		
yeer)	· · · · · · · · · · · · · · · · · · ·	enupation	Other Contributory Causes ot Importance;	
12. BIRTHPLACE (city or town) (State or country)	Monte	ew +		
1	716 4:4	L		
	l- Did	A.		
14. BIRTHPLACE (city or town) (Stete or country)	mar	· Card	Neme of operation Dete	
15. MAIDEN NAME	Tiols of	6 Bi	Whet test confirmed diegnosis? Was there 23. It deeth wes due to externet ceuses (VIOLENCE) fill in also the toll	
I 16. BIRTHPLACE (city or town)	Salisba	cero	Accident, suicide, or homicide? Date of injury	
16. BIRTHPLACE (city or town) (Stete or country)	mar	elbnd.	Where did injury occur?	
17. INFORMANT Miss Elec	anon The	Pito.	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE.
(Address) Salish		rute # I	***************************************	
18. BURIAL, CREMATION, OR REMO	0 0 1 1 1 1	11	Menner ot injury	,
Place Section C	Date fu	11,1933	Neture of Injury	
19. UNDERTAKER The	ill of your	soon, Co	24. Wes disease or injury in any ways related to occupation of deceesed	17
(Addiess)	listofing	mc.	If so, specify	·
20. FILED June 1/19	33 V. Mis	y June	(Signed)	1
	16 man Nach	Registrar.	(Ardress) Alas Lag. 1452.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

•	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

MARGIN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
nn 6 1935 -			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TATEMENTS BY PHY	SICIAN
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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06545
1. PLACE OF DEATH	94-0
County Mioneco	Registration Dist. No. 333
Village or City Iny Jack	No. St. /6 Ward
Langth of residence in city of town where death occurredyrs	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Samuel P. Woods	-h
and the second	St. // Ward.
(a) Residence: No. 3 0 14 1 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad or divorcad HUSBAND of	(1037)
(or) WIFE of (ALSA) S. Hooderch	22. HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIRTH (month day and year) (11/1) 17 1858	10 3 to Jun 2/ , 1933
6. DATE OF BIRTH (month, day, and year) (1) 1958. 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
n 5 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	wera as follows:
kind of work done, as SPINNER CLAU CSTATE DE TO	w congra orcur
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data decaased last worked at // 11. Total time (years)	-
this occupation (month and 4/40/53 spent in this 30445	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance;
(State or country)	angina Molono
13. NAME and M. Skrodisch	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Salle Carrier	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city of town)	Accidant, suicide, or homicide? Date of injury, 19
Slate or country) william	Whera did injury occur?
17. INFORMANT & Sharklyn Hrodes B	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MD Colors 16 5	Manner of injury
Place Alla Villy Lata 9/13/30,19	Nature of Injury
19. UNDERTAKER THE WELL & STRAIN CO., (Address) Falichary	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 2,3 33 Vi May Junes Registrar.	(Signed) IV., D. Warles M. D. (Address) - Sharpen Ind
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year